

FILED JAN 13 1943

Registration District No. ....

318

Primary Registration District No. ....

1003

Registrar's No. ....

11045

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Christian Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days  
(Specify whether  
In this community unknown  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1706 Washington  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

Charles Schergens

3. (b) If veteran,

name war no

3. (c) Social Security

No. Unknown

4. Sex Male 5. Color or race Wht.  
6. (a) Single, widowed, married, divorced Married  
7. Birth date of deceased: Dec 18 1864  
(Month) (Day) (Year)

8. AGE: Years 78 Months 12 Days 12 hr. min.

9. Birthplace: St. Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: Police man

11. Industry or business

12. Name Alfred Schergens

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Heticka

15. Birthplace Wells City Ind.  
(City, town, or county) (State or foreign country)

16. (a) Informant Records of Christian Hospital.

(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof: 1-7-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's

18. (a) Signature of funeral director Charles J. Stewart

(b) Address 1225 Union Blvd

19. (a) 11045 (b) J. J. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30  
year 1942 hour 12 minute 00 Noon

21. I hereby certify that I attended the deceased from Dec. 21, 1942  
to Dec 30, 1942

that I last saw him alive on Dec 30, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Edema

Due to: Chronic myocarditis

Due to: Chronic pulmonary fibrosis

Other conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings: 930

Of operations: -

Of autopsy: -

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State) .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? (Specify type of place) (e) Means of injury .....

23. Signature Joseph A. Coatsworth, D. (M. D. or other)

Address St. Louis Christian Hospital Date signed: 12/30/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*W. Edward J. Bunsley*  
.....  
Licensed Embalmer No. *4202*.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**